CHAPTER 8: TECHNICAL ASSISTANCE

Technical assistance often means different things to different people. According to writer's of the HIV Prevention Community Planning: Orientation Guide, technical assistance (TA) is the provision of direct or indirect support to increase the capacity of individuals and/or a group to carry out programmatic and management responsibilities.

TA is a shared responsibility between the CPG and the state health department. The role of the CPG is to help identify the TA needs of the CPG and others planning, implementing, and evaluating programs. The role of the health department is to ensure that TA is provided to assist the CPG, local health department staff, and other HIV prevention providers in the areas of program planning, implementation, and evaluation.

Various avenues have been pursued in obtaining information about the TA needs of the CPG, community-based providers, and local health department staff. This chapter will include (1) summaries of the technical assistance needs identified by each major group of HIV prevention providers, (2) needs identified at each major event where TA needs information was obtained from providers, and (3) concludes with recommendations for 2002-2005.

CPG Needs Identified in 2000

At the conclusion of each monthly meeting of the CPG, members are asked to evaluate the meeting and to respond to the question "What topics would you like to know more about or receive training in?" Below is a summary from Calendar Year 2000:

CPG PROCESS	**INTERVENTIONS**
• Mission, policy procedure, view of DHEC and CPG. • Organization structure, scope of planning, mission, job responsibilities. • Emergence of CPG, how it came about, the process of the CPG plan, how it is written, how members are chosen. • To hear specifically what each member does. • CDC's general guidelines. • Collaboration vs. Consortia. • Those things that are being covered in New Member Orientation. • More info. on how the guidance applies to the process. • More clarity on the definitions and their roles • Invite Collaboration representatives to attend our monthly meetings. Would be good for me to actually meet and hear from some of these folks. • Procedure and policy. • A glossary of terms, of acronyms (CBO, ASO, etc). • What applies to members and what does not. • It was suggested that CPG become more politically proactive. Is this possible?	• HIV/AIDS PLWA's speaking to group. Needs of PLWAs along with our prevention methods. • All target populations and interventions • HIV/AIDS Education and Interventions • Alternative testing sites. • Condom use, male and female. • Interventions – effectiveness and evaluation of them. • As mentioned before, a closer look at the tie-in of STDs and HIV. What is the impact of STD control programs on HIV incidence? • Media attention to public. • Epidemiology studies, interventions, etc. • Those topics related to behavior intervention models that work. • More information about drug use and its relation to HIV. • More information about drug use and its relation to HIV. • Capacity Building. • Empowerment/mobilization of communities. • Theory/interventions – presentations by selected Collaborations/CBOs.

- Structure of CPG, goals and objectives clearly stated with more substance from the DHEC point of view.

DATA

- Updated HIV/AIDS status of the epidemic in SC.
- New statistics locally (county) and statewide.
- How accurate is the data on who is infected.
- How do we really know the numbers among the population is correct when we rely on test reporting for the information.
- How the data is collected that is used in the statistical report.
- May need to send some members to TA, training about Epi data and how to read.
- Data presentation – individual data presented based on risk group – MSM, IDU, hetero, etc.
- How to build on epi-data and apply it to the communities.

DISEASE

- STDs – a thorough overview (not epi but differences)
- If STD incidence and prevalence is indicative of HIV/AIDS risk, more discussion of STD trends would be helpful.
- A closer look at linkage between HIV and common STDs such as chlamydia

EVALUATION

- The process of DHEC monitoring agencies that receive funding.
- An update on budget/expenditures.

HIV CARE/TREATMENT

- Status of health care (secondary prevention) – meds/treatment therapies, etc.
- HIV/AIDS medication and cost.
- Current medications, new trends access/avail/cost of medicines – specific populations.
- Communicating and social outreach. The information and the programs that are available for presentation and treatment need to get out into the communities that are heavily affected.
- Research on state of bare backing.
- Cyberspace update relating to risky behaviors.

LINKAGES/COORDINATION

- How to build rapport with the entities, agencies who fund the prevention process, locally, statewide, and nationally.
- Internet prevention methods.
- Should testing also be a partnership effort between local DHEC and Collaborations/CBO?
- Information from DAODAS and Department of Education.
- Overall picture of community resources.
- Relationship between CPG and Collaborations.
- Composition and work of the Collaborations.
- Ryan White program

NEEDS ASSESSMENT

- Identifying unmet needs.
- Gap analysis, who-how.
- Gap analysis/needs assessment.
- Priority setting evaluation. Was very structured.
- Gap analysis – I'd like to know more about needs – and the link between proverty/homelessness and STD/HIV infections.
- What's a resource inventory – how should it be collected?

OTHER

- Grant Writing for non-profit agencies.
- Budget planning.

HIV Prevention Collaborations

HIV Prevention Collaborations are associations of local HIV prevention providers who have agreed to work together to address HIV in defined regions of the state. Each Collaboration is structured according to the 13 Public Health Districts and all include health department representatives as well as local alcohol and drug abuse agencies, schools and other educational institutions, jails and correctional facilities, faith-based organizations, civil organizations, and youth based organizations such as boys and girls clubs. See the Linkages Chapter for a more detailed description of Collaborations.

A staff person from each of the "lead agencies," who act on behalf of the Collaboration, attend bi-monthly meetings in Columbia for the purposes of sharing, technical assistance, and

programmatic updates. At the conclusion of each meeting, an evaluation form is given out that also request information about training and technical assistance needs. Below is a summary from 2000-2001:

Summary of listed HIV Prevention Collaboration Training Needs	
• Evaluation • In depth training on the CDC's new intervention and population categories • Evaluation systems • More on Program Evaluation • Planning and Evaluation for community planning groups • Evaluation forms and processes • Collaboration and District Evaluation expectations and systems • Science, theories and planning • Program planning • How to replicate successful programs/interventions	• The process of Collaboration • Maintaining PIR in CBOs • Conflict management and resolution • Problem solving and skills building • The group process and dynamics • Building community consensus • Managing diversity • Cultural competence • Time management • Resource allocation and management • New member/collaboration Orientation • Focus Group methods • DHEC expectations • Research designs and methods • Designing questionnaires • Needs assessment
• Grant writing • Proposal/plan development • The cost reimbursement system • Budgetary systems • Resource generation • Developing goals and objectives • Program management and coordination • Quality assurance • Linking interventions to budgets	• Microsoft Access • Computer software • Training on new database • CODES in depth training (new database) • On-going computer and database training • Internet training • Reporting Systems
• Epi 101 and follow-ups • Interpretation of epi-data • Use of epi-data for planning interventions • Developing localized epiprofiles • Prioritization of target populations and interventions • Determining at-risk populations • Report contents and report generation • Data management/Data analysis	• Everything • Examples of success (locally and nationally) • Real world examples of successful interventions

HIV/AIDS Health Educators and Other Local Health Department Staff

HIV/AIDS Health Educators (AHEDs) are located in the 13 public health districts and provide much of the Health Education/Risk Reduction and Health Communication/Public Information programs in local areas. The AHEDS meet quarterly and, again, at the conclusion of each meeting they are asked to indicate any training or technical assistance needs they may have. When developing their yearly local implementation plans they are also asked to provide specific ideas about technical assistance needs. A summary of their needs include:

• How to utilize the media to promote and communicate health messages. • Basic and advanced computer software training. • Organizational/Board development and planning. • Update on condom distribution. • Comprehensive School Health Education requirements for HIV/STD education. • Orasure testing. • Evaluation.	• Orasure testing training information. • Local Implementation Plans. • New monitoring/evaluation system. • "Can We Talk?" training. • American Red Cross Basic HIV Instructor Trainer course. • Updates on national events. • Working with communities. • Updated statistics. • PSA for possible future events. • Basic and advanced grant writing.

Other staff in the local health departments are routinely asked about their needs and provided assistance at their quarterly meetings or through on-site visits by discipline supervisors.

[additions from Mike Arvelo, Libby Green, and Stan Wardlaw]

Needs Identified By State Division Consultant Staff

STD/HIV Division staff provide on-going site visits to assure the quality of programs, and to conduct monitoring and evaluation activities. As a result they are able to make observations about practice needs staff may have. In addition, state staff also conducting monitoring and evaluation site visits to HIV Prevention Collaboration "contractors". Again, they are able to make observations about practice needs of the Collaborations. In addition, as new activities or requirements are made from CDC, Division staff must provide training and follow-up to assure these activities are being conducted. Often as a result, needs are identified. As a result of the new Evaluation Guidance, Collaborations and LHD staff were provided training on aspects of the guidance (target population definitions, intervention types, and intervention planning forms). A computer evaluation system was also designed to capturing the evaluation data and is currently being tested. From the pilot testing, it is evident that there are additional training needs to improve the quality of standardized reporting by defined populations and specific intervention types. In addition TA needs include:

- How to better target program efforts.
- Target population assessments for better program design.

- Program design.
- Behavioral and Social Science Theory.
- Determining realistic number of interventions for resources available to do.
- Shifting to more effective interventions.

Office of Minority Health Survey of MCBOs

In 2000, the STD/HIV Division assisted DHEC's Office of Minority Health (OMH) in seeking funds to conduct a demonstration project around providing technical assistance to Minority Community Based Organizations (MCBOs). As a result of previous experience in providing mini-grants, the STD/HIV Division was very aware of a need to help small grassroot organizations to grow, to increase their capacity to manage and account for funds, and therefore become more competitive in seeking grants. The STD/HIV Division did not have the staff to accomplish such an important task of helping these small groups in organizational capacity building. This was the suggestion the STD/HIV Division made to OMH and they pursued a National Black Caucus Grant through the National OMH. As a result they were funded. The first year they scouted the state to identify MCBOs, and during 2001 they conducted a survey of these organizations to determine needs. The results of their needs assessment indicated the following top priority needs: grant writing, obtaining 501(c) 3 status, and obtaining access to technology such as the use of computers and internet. During 2001, OHM conducted workshops and provided a program to loan laptops to these organizations. The laptops were provided through an RFP process, and while there were 19 applications only 9 laptops could be provided. During 2001 the STD/HIV Division was able to build upon OMHs effort and obtain supplemental funds to provide laptops to the remaining applicants. As additional needs are identified, the STD/HIV Division will work with OMH to try and assist with the TA needs of the growing MCBOs.

Fall HIV/STD Conference

In 1993 DHEC involved various community partners in conducting the first HIV/AIDS Conference. In 1996, this conference merged with another existing conference, the Annual STD Conference, to form the STD/HIV Conference. In 1999, DHEC relinguished its role as the "lead" agency for planning this event. However, DHEC staff have continued to be involved on the planning group and provide sponsorships and assistance as needed. CPG representatives are also on the Planning Committee.

The Annual South Carolina HIV/STD Conference is recognized statewide as a vehicle for the provision of the latest information on HIV and other STDs, including disease updates, model prevention and care programs, and new research. Thus, the South Carolina Department of Health and Environmental Control (DHEC) endorses the Conference as a mechanism for providing continuing education for persons who are working in the field of HIV/STDs, as well as an opportunity to network and exchange ideas with the more than 500 participants from diverse settings and backgrounds.

The Fall Conference tries to meet the needs of various constitutes of both HIV care and treatment, and HIV and STD prevention, including meeting the needs of those affected and

infected with STDs including HIV, professional health care providers, and community–based organizations providing services. The conference objectives are:

- Learn about new developments in prevention, care, and treatment;
- Consider the application of cutting-edge strategies that are responsive to the needs of individuals and communities;
- Learn about current and emerging policy issues and trends and their relationship to education, prevention, and care;
- Examine the multi-dimensional factors that influence behavior and risk reduction efforts;
- Examine personal and community resources for professional and lay caregivers; and
- Engage in networking exchange among conference attendees and exhibitors.

This three-day event is sponsored by more than 30 companies, agencies, and organizations. The Planning Committee consisted of 23 persons from various communities, and governmental and non-governmental agencies around the state

The 2000 Conference, entitled *"Sharing Voices, Visions, and Victories"* was held October 18-20, 2000 at the Sheraton Columbia Hotel & Conference Center located at 2100 Bush River Road, Columbia, South Carolina 29210. According to registration records, a total of 414 persons were registered for the conference. Of these 372 were registered for Wednesday, 365 were registered for Thursday, and 352 were registered for Friday. These numbers do not reflect scholarship recipients, speakers, volunteers, committee members or exhibitors. DHEC Divisions of Women & Children's Services, TB Control and STD/HIV were all financial sponsors of the conference.

The Planning Committee evaluated the conference to obtain information for planning the next conference. Some of the training needs included:

[insert comments from April Whillingham, if available]

SC HIV Prevention Leadership Summit

In January 2000 the CPG initiated an event to increase the communication between the CPG, Collaborations, and local public health districts. This is event was called the SC HIV Prevention Community Planning Leadership Summit. The goals for the Summit were to:

1) Increase communication between the CPG, Collaborations, and LHD,
2) Enhance or improve local HIV prevention planning skills, and
3) Provide input into the CPG HIV community planning process.

Over 100 persons attended this event that was hosted at the Sheraton Hotel and Conference Center. Topics included: a key note presentation by Carlos Valez and a CPG panel on the History and Achievements of Community Planning Nationally and in South Carolina; a town hall meeting where everyone had an opportunity to discuss ways to improve the planning process; and break out sessions on PIR, Epi 101, Nine Steps to Community Planning, Stepping Stones to Priority Setting, Needs Assessment, Implementing CDC's Evaluation Guidance, Bridging Theory and Practice; Gap Analysis, Evaluating Community Based Initiatives, and

Collaboration: What It Is and How We Do It. At the conclusion of each day evaluations were completed including a question about unmet training needs. Some of the responses were:

• TA for Collaborations • Evaluation tools that are proven and effective to aid evaluating sub-contractors. • Train Collaborations on needs assessment and focus group interventions. • More on gap analysis. • Specific intervention ideas. • Working with migrant populations. • Epi training. • Priority setting, needs assessment, and gap analysis. • CPG/Collaboration/Health department connection	• Presentation of actual programs and discussion of strengths/weaknesses. • How to analyze data. • Partnership and coalition building. • Making meetings work. • Facilitation skills. • Help getting better qualitative or quantitative data to help set priorities for crack/cocain users. • Two-day behavioral theory training (Bridging Theory and Practice). • Sessions on the reality of HIV infection. • Impact of cocaine on HIV prevention.

During the town hall meeting comments indicated that a web-page for communicating about community planning would be helpful. There were also comments about how to enhance communication between the different groups for example combined meetings. The overriding comment was that the Summit should be continued yearly to enhance communication efforts. A second Summit is planned for January 10-11, 2001. The planning committee includes CPG members, DHEC district staff, and members from the Collaborations.

Monthly Workshops

DHEC's STD/HIV Division coordinates monthly training workshops. Most participants in the training events are from community-based organizations, the HIV Prevention Collaborations, or local health districts. The distribution of participants on yearly basis are typical of the summary results in 2000. On average 20 persons attend each workshop with 34% of the participants coming from CBOs, Collaborations, CPG, and other agencies and 66% coming from the local public health districts including nurses, disease intervention specialist, health educators, and social workers.

These monthly training opportunities represent a collaborative effort with local, state, and national trainers. National trainers during 2000-2001 included Jackson State, the Dallas STD/HIV Behavioral Intervention Training Unit, and the Florida STD/HIV Training Unit of the Florida Health Department.

Once again, at the end of each training event, participants are asked about their on-going training and technical assistance needs. Below is a summary of needs identified in 2000-2001:

• Prevention techniques for community folks (i.e. activities, agendas) • HIV with teens. • HIV + clients and substance use.	• Information on how to reach non-self-identifying MSM in a rural setting. • Helping people deal with grief and loss and also, helping people deal with setbacks in

• Women who have sex with women or lesbians. • Treatment plans. • Intervention/assessment tools. • Ideas for engaging AAMSM (African American Men Who Have Sex With Men. • HIV in the black community. • Assisting clients with needs assessment. • Illness, death pressure placed on family and friends. • Reaching the rural gay population – techniques and programs available. • Grief and sorrow.	the course of the disease. • What happens after you've been diagnosed with HIV. • Changing values and beliefs of MSM. • Updates on HEP B and C • TB treatment updates • HIV 101 • Issues Around Co-Infection • Intervention Skills Building • Program Evaluation • HIV, Women and Substance Abuse • Strategies for Needs Assessment and Evaluation

Site Visits

Most site visits during 2000 were made to Collaborations, health departments, and to others to provide assistance in revising or improving local plans, to complete the required intervention planning forms, to providing further training on the CDC required evaluation activities, and to get input about a new computer monitoring and evaluation data system.

Due to an urgent need to replace the computer monitoring and evaluation system and also to implement new evaluation guidelines, the greater part of 2000 and 2001 was spent providing the following assistance:

- Obtain input about the old data system and about changes needed in a new system. Obtained input and buy-in from all HIV Prevention Collaborations and local district HIV/AIDS Health Educators (AHEDs), as well as the CPG, other interested and/or related Health Department programs and staff.
- Develop specifications for a new monitoring and evaluation system
- Outsource the contract for constructing the database to state pre-approved short-tem Information Technology (IT) contractors.

During regular programmatic and requested technical assistance (TA) site visits, both the Evaluation Consultant/Program Coordinator for the Collaboration contracts and the Health Education Consultant/Program Coordinator for health district HIV/AIDS Health Educators, in concert with other central office staff training and TA needs were solicited, identified, noted, and acted upon:

Identified Training/TA Need

Program Planning: use of data and other info (e.g. needs assessment) to identify, prioritize and target at risk populations with proven and/or effective interventions; goal setting and objective development; budget preparation, linkage to relevant proposal contents and justification, etc.
Epi 101: gathering/accessing, formatting or presentation (local) and interpretation of epidata
Curriculum development/modification: development or adaptation of culturally sensitive, linguistically appropriate and practically feasible curriculum for targeted populations, etc.
Community Needs Assessment: purpose, design, implementation, analysis and use of data/info.
The Collaborative Process: continuous community involvement; member recruitment, retention and replacement; parity, inclusion and representation (PIR), etc.
Evaluation (Planning, Process and Outcome): proper use of population and intervention categories the new CDC evaluation guidance; providing scientific and/or theoretical justification for chosen interventions, evidence basis, sufficient delivery plan; data input into and output from the central monitoring and evaluation system; the design and execution of outcome evaluation of past, current and future programs, etc.
Fiscal and Programatic Management: fiscal responsibility, accessing, acquiring and managing additional fiscal and other resources; correct and proper use of new health department reimbursement system (invoicing, etc.), etc.
Quality Assurance: customer/client satisfaction, overall program effectiveness and efficiency, etc.
Research methods: focus groups, surveys, research/literature reviews, risk assessment, etc.
Involvement in the CPG Process: membership and linkages with the CPG, flow of info to and from the CPG, etc.

Request For Proposals (RFP)

During December 1999 a RFP process was conducted to renew contracts with local providers of HIV prevention services through a Collaboration process. Collaborations are similar in concept to Ryan White Consortia. While Consortia represent an association of medical and health care providers to meet the care needs of HIV infected persons in a defined geographical area, Collaborations represent an association of HIV prevention providers. In January 2000 the RFPs were received and reviewed by a panel and the awards made for the Collaborations. Each Collaboration has a lead agency that acts on behalf of the body that is made up of seven or more community groups, organizations, and agencies. A review of the proposals also revealed various challenges these local groups face. Below is a summary of some of the needs and challenges that will be included in the overall TA plan:

- Scarce human and financial resources challenge the delivery of prevention intervention services.
- Access to the targeted populations is challenged by distrust and wariness of data, institutions.
- For African American MSM, there is a lack of defined, open “community” (for support, for information, etc); lack of family acknowledgement and support of sexuality issues reduces the AAMSM’s access to preventive health services.

- There is no singular HIV prevention program for African American MSM, multiple approaches are needed.
- There is a desire for easier access to prevention services, in more comfortable and non-traditional settings.
- Time constraints due to large client caseloads create inequities in availability (and quality) of individual and group-level interventions.
- Barriers to being tested include the stigma of going to be tested, fear of clinic staff talking, fear of being seen at a clinic, and of simply not wanting to know if they have HIV disease.
- There is a lack of trained staff to provide range of effective interventions particularly to MSM and HIV infected persons.
- There is a lack of credible members of the affected community advocating for HIV prevention and ownership of HIV.
- There is a need to provide information to high risk groups who do not access community (agency) services (unemployed, out of school).
- Need for expanded, targeted peer education programs for youth and young adults, especially those who are gay, lesbian, bisexual, questioning and who are African American.
- Need for increased peer education and skill building for HIV positive persons.
- Need for increased opportunities for non-needle-stick HIV testing and counseling in nontraditional community settings.
- Need for easier access to drug treatment and prevention counseling for alcohol/other drug using persons.

Provider Survey

As a result of the needs assessment process conducted during 2001, a survey was distributed to obtain information about the various populations being served and the services being provided. Also included in the survey was a question about TA needs. The following is a summary of 160 surveys that have been analyzed to date.

Main Training Areas	% Respondents Indicating Need
1. Program Development	45.0
2. Knowledge of effective intervention strategies	49.4
3. How to work with the media	37.0
4. Program Evaluation	42.0
5. Culturally sensitive programs	48.0
6. Risk reduction/behavior change	51.0
7. Counseling and testing	40.0
8. HIV+ SPEAKERS	42.0
9. Human sexuality	35.0
10. HIV/AIDS update	53.0
11. Behavioral theory	39.0
12. Providing accessible, available and appropriate services to	48.0

hard-to-reach populations	
13. Other	3.0
Total	n=160

Summary Needs and Recommendations

Based on the TA assessments with CPG members, HIV Prevention Collaborations, local public health district staff, and other local HIV prevention providers there is an on-going need:

1. To provide training on effective HIV prevention interventions that are theory-based and shown to be effective.

2. To provide basic HIV information about HIV disease, how it is transmitted, and HIV epi-data.

3. To provide basic policy and programmatic updates (i.e.evaluation requirements) to contractors and local public health district staff.

4. To monitor and assure the quality of the delivery of HIV prevention programs.

5. To increase communication between various HIV prevention providers and providers of STD services and HIV care and treamtnent services.

6. To increase communication between the CPG, HIV Prevention Collaborations, local health district staff, and other local HIV prevention providers to provide additional input into the state plan, as well as a need to build local planning skills.

The CPG recommends that DHEC continue:

- To conduct monthly training workshops.
- To conduct bi-monthly meetings, assess needs, and provide TA to HIV Prevention Collaborations.
- To conduct quarterly meetings, assess needs, and provide TA to local health department staff.
- To assist with the planning of the annual HIV/STD Conference.
- To conduct periodic site visits and assess needs of Collaboration contractors and partners.
- To conduct periodic site visit and assess needs of local health department staff.
- To continue to collaborate with national, state, and local partners to provide training and technical assistance HIV prevention providers in South Carolina.
- To conduct the SC HIV Prevention Planning Leadership Summit in January.
- To assist the Office of Minority Health.
- To conduct on-going evaluation and needs assessment among the CPG members.
- To review quarterly reports and data available on the Collaboration and District Evaluation System (CODES) to identify needs and provide TA support